

Pre-Operational Site Visit Documentation

Certain sites must be visited PRIOR to the first week of SFSP operation.

One of the monitoring requirements of the Summer Food Service Program is to conduct a pre-operational visit of all new sites as well as any sites that had problems in the previous year. Pre-operational visits are to be conducted before a site operates the Summer Food Service Program. These visits are conducted to ensure that sites are appropriate for serving the food to children, the facilities can adequately provide meal service for the anticipated number of children that will be attending, and that children can be supervised adequately. Making sure that the site is safe for children is also important.

Sponsor Name:		Date of Visit:		
Site Name/Location:		<input type="checkbox"/> New Site <input type="checkbox"/> Site that had problems in previous year		
Observations Questions		Yes*	No*	NA*
1.	Is there enough space for children to eat as a group and be appropriately supervised during the meal?			
2.	Is there appropriate space for serving the meal?			
3.	Can the food be served in a sanitary manner?			
4.	Is the place for serving and eating meals a "public" or "common" area (not in or at a private home or apartment)?			
5.	If the space for meal service is an outdoor space, is there an appropriate alternate space for use during inclement weather that is not in a private home or apartment (such as under a shelter, under a tarp, or in a community room)?			
6.	Is the site safe and free from hazards (no broken glass, splintered wood, discarded junk, etc.)?			
7.	If food is to be prepared on site, are there appropriate facilities to this (refrigerator, counter space or table, sink with running hot and cold water, etc.)?			
8.	If food is delivered to the site, is there a place for storing coolers of food in a "public" or "common" area that can be secured and/or supervised that is not in a private home or apartment (such as a church hall, a community center or room, in a shady area near supervised activities, etc.)?			
9.	If there were deficiencies at this site last year, have these deficiencies been corrected?			

*** For the site to be considered appropriate, all questions above should have a "Yes" answer (or be not applicable). Before using the site for the Summer Food Service Program, corrective action needs to be taken so any question with a "No" answer can become "Yes."**

I have visited the site listed above and have determined it to be appropriate as a site for operation of the Summer Food Service Program.

Signature of Sponsor Representative Conducting the Pre-Operational Visit

Date of Approval

SITE VISIT FORM

Each site must be visited during the FIRST WEEK OF OPERATION.

Sponsor Name:		Site Name/ Location:			
Monitor Conducting Review:		Time Arrived:	Time Departed:		
Date of Visit:	Meal Reviewed: ___ B ___ L ___ Sn		Number of Meals Served:		
Name(s) of Site Personnel Interviewed:					
Observations/Questions			Yes	No	
1.	Were the meals being served as a unit?				
2.	Was the meal count taken correctly for the type of site?				
3.	Was the meal count taken by category (eligible child, program adult, non-program adult)?				
4.	Were non-program adults charged for their meal? If so, was the income recorded appropriately?				
5.	Was the meal served during the approved meal time?				
6.	Did the meal meet the meal pattern requirements?				
7.	Was all food consumed on site?				
8.	Is there a place to serve children meals in case of inclement weather?				
9.	Is the nondiscrimination poster ("And Justice for All") on display in a prominent place?				
10.	Are meals being served to all attending children?				
11.	For satellited meals:				
	a.	Did a delivery receipt arrive with the meals?			
	b.	Did the site supervisor count the meals before signing the delivery sheet?			
	c.	Did the site supervisor complete the delivery receipt and return it to central kitchen?			

Explanation of "No" answers and corrective action needed:

Person responsible for corrective action:

Date Due:

Signatures:

Sponsor Representative Conducting the Monitoring

Site Supervisor or Representative

SITE REVIEW FORM

SELF-PREPARATION SITES

Each site must be reviewed within the first four weeks of operation. If a site operates for less than four weeks, the site review must be completed before the end of operations at that site. Do not conduct the site review on the same day as the Site Visit Form.

Sponsor		Site		
Monitor Name		Arrived at	Departed at	
Name(s) of Site Personnel Interviewed:				
Circle Site Type: Open Enrolled Day Camp		Circle Meal Reviewed: Brk. Lun Snack		
First Day of Operation at this site _____		Average Daily Attendance at this site _____		
Approved Time of Meal Service _____ to _____		Actual time of Meal Service _____ to _____		
Day of Review	Breakfast	Lunch	Snack	Supper
Number of meals prepared				
Number of first meals served to children				
Number of second meals served to children				
Number of meals served to program adults				
Number of meals served to non-program adults				
Number of meals left over				
OBSERVATIONS/QUESTIONS ON DAY OF REVIEW			Yes	No
1.	Were all meals served as a unit (all items served at the same time)?			
2.	Did all meals as served meet the meal pattern requirements?			
3.	Was the meal served at the time approved by the state agency?			
4.	Was the meal count being taken by category (first meal, second meal, program adult, non-program adult, etc.)			
5.	Was the meal count being taken at the point of service (each meal checked off when the child was served a complete meal)?			
6.	Was the meal count taken using the state form or an approved alternate?			
7.	If adults are charged for meals, was any money received recorded appropriately?			
8.	Was there food left over? If yes, briefly describe how it was handled (second meals, seconds on certain items, sharing table, thrown away, saved to be served next day, etc.)			
9.	Was the non-discrimination poster on display in a prominent place?			
10.	Were all meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?			
11.	Did all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex, age, or disability?			
12.	Are the eligibility forms approved correctly, signed, dated, and categorized?			
13.	Are meal counts recorded by category for each meal served?			
14.	Is the Department of Health certification up-to-date?			

15.	Do meal production records show that enough food is prepared to meet the meal pattern requirements for the number of children served?			
16.	Are the meal counts entered daily on the "Monthly Meal count form			
17.	Randomly choose some of the daily meal count sheets and compare counts for the day to the entries on the "Meal Count Record for Calendar Month of _____"			
	(a) Are the meal counts recorded correctly?			
	(b) Are there a lot fewer meals on the day of the review than what is shown on the meal count sheet?			
18.	Is an inventory being kept and/or are invoices on file for purchased food as well as a record of any donated food?			
19.	Does the site have a protected place to serve meals in case of inclement weather?			

Briefly explain any "no" answers for 1-19.

MAJOR VIOLATIONS		ACTUAL COUNT	TYPE OF MEAL
20.	Adult meals were included in count of meals served to children.		
21.	More than one meal served was served at one time to children.		
22.	Meals did not meet minimum meal pattern requirements.		
23.	Meals were not served as a unit (For school sponsors using offer vs. serve, make note if complete meals not <u>offered</u>).		
24.	Meal serving times were different from approved times.		
25.	There were no meal production records.		
26.	There were no daily meal count records.		

CORRECTIVE ACTION

Corrective action discussed with (name):

Corrective action required:

Site supervisor's comments:

Person responsible for completing Corrective Action:

Due date:

SIGNATURES

Sponsor Representative Conducting the Monitoring

Site Supervisor or Representative

SITE REVIEW FORM

SATELLITE SITES

Each site must be reviewed within the first four weeks of operation. If a site operates for less than four weeks, the site review must be completed before the end of operations at that site. Do not conduct the site review on the same day as the Site Visit Form.

Sponsor		Site			
Monitor Name		Arrived at		Departed at	
Name(s) of Site Personnel Interviewed:					
Circle Site Type: Open Enrolled Day Camp		Circle Meal Reviewed: Brk. Lun Snack			
First Day of Operation at this site _____		Average Daily Attendance at this site _____			
Approved Time of Meal Service _____ to _____		Actual time of Meal Service _____ to _____			
Day of Review		Breakfast	Lunch	Snack	Supper
Number of meals delivered					
Time meals were delivered					
Number of first meals served to children					
Number of second meals served to children					
Number of meals served to program adults					
Number of meals served to non-program adults					
Number of meals left over					
OBSERVATIONS/QUESTIONS ON DAY OF REVIEW				Yes	No
1.	Were all meals served as a unit (all items served at the same time)?				
2.	Did all meals as served meet the meal pattern requirements?				
3.	Was the meal served at the time approved by the state agency?				
4.	Was the meal count being taken by category (first meal, second meal, program adult, non-program adult, etc.)				
5.	Was the meal count being taken at the point of service (each meal checked off when the child was served a complete meal)?				
6.	Was the meal count taken using the state form or an approved alternate?				
7.	If adults are charged for meals, was any money received recorded appropriately?				
8.	Was there food left over? If yes, briefly describe how it was handled (second meals, seconds on certain items, sharing table, thrown away, saved to be served next day, etc.)				
9.	Was the non-discrimination poster on display in a prominent place?				
10.	Were all meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?				
11.	Did all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex, age, or disability?				
12.	Are the eligibility forms approved correctly, signed, dated, and categorized?				
13.	Are meal counts recorded by category for each meal served?				
14.	Is the Department of Health certification up-to-date?				

15.	Do meal production records show that enough food is prepared to meet the meal pattern requirements for the number of children served?			
16.	Are the meal counts entered daily on the "Monthly Meal count form			
17.	Randomly choose some of the daily meal count sheets and compare counts for the day to the entries on the "Meal Count Record for Calendar Month of _____"			
	(c) Are the meal counts recorded correctly?			
	(d) Are there a lot fewer meals on the day of the review than what is shown on the meal count sheet?			
18.	Is an inventory being kept and/or are invoices on file for purchased food as well as a record of any donated food?			
19.	Does the site have a protected place to serve meals in case of inclement weather?			

Briefly explain any "no" answers for 1-19.

MAJOR VIOLATIONS		ACTUAL COUNT	TYPE OF MEAL
20.	Adult meals were included in count of meals served to children.		
21.	More than one meal served was served at one time to children.		
22.	Meals did not meet minimum meal pattern requirements.		
23.	Meals were not served as a unit (For school sponsors using offer vs. serve, make note if complete meals not <u>offered</u>).		
24.	Meal serving times were different from approved times.		
25.	There were no meal production records.		
26.	There were no daily meal count records.		

CORRECTIVE ACTION

Corrective action discussed with (name):

Corrective action required:

Site supervisor's comments:

Person responsible for completing Corrective Action:

Due date:

SIGNATURES

_____ Sponsor Representative Conducting the Monitoring	_____ Site Supervisor or Representative
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SITE REVIEW FORM

RESIDENTIAL CAMPS

This review must be completed within first four weeks of operation.

Sponsor Name		Date of Visit:	
Site Name/Location:			
Site Person Interviewed:		Meal Reviewed:	
Observations Questions		Yes	No
1.	Are the eligibility forms approved correctly, signed, dated, and categorized?		
2.	Do the menus meet meal pattern requirements?		
3.	Are there meal production records for all meals prepared? (These are records of amounts and types of food prepared for each meal.)		
4.	Are meal counts recorded by category for each meal served?		
5.	Is there record of staff training?		
6.	Is required health department certification available for inspection?		
7.	Is there a non-discrimination poster ("And Justice for All") on display in a prominent place?		
8.	Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?		
9.	Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex, age, or disability?		
10.	Are meals served at the time stated on the site application form and approved by the State Agency?		
Explanation for any no answers above:			
Corrective action needed:		Person Responsible:	
		Due Date:	

I certify that the above information is correct:

Signature of Sponsor Representative/Monitor

Date of Approval

BENEFICIARY DATA FORM

Open and enrolled sites

Directions: To collect the data below, use visual identification only. Do not use information provided on the children's application or ask them for this information.

Open and enrolled sites must complete a "Beneficiary Data" form once during the period of operation.

Sponsor Name:		Date of Visit:
Site Name/Location:		
Racial/Ethnic Category (Use Visual Identification)		Number of Children in Attendance on the Day of Data Collection
AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition. (This includes Aleuts and Eskimos.)		
ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.		
BLACK OR AFRICAN AMERICAN;: A person having origins in the black racial groups of Africa.		
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
HISPANIC OR LATINO: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.		
WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.		
OTHER (please explain):		

Signature of Monitor/Sponsor Representative

Date

*Note: Based on OMB Notice, Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, published 10/30/97 and on FNS Instruction 113-8, Civil Rights Compliance and Enforcement in the SFSP, which is under revision.

BENEFICIARY DATA FORM

camps

Directions: To collect the data below, use visual identification only. Do not use information provided on the children's application or ask them for this information.

Camps must have a "Beneficiary Data" form on file for each camp session.

Sponsor Name:		Date of Visit:	
Site Name/Location:		Camp session:	
Racial/Ethnic Category (Use Visual Identification)		Number of Children in Attendance on the Day of Data Collection	
AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition. (This includes Aleuts and Eskimos.)			
ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.			
BLACK OR AFRICAN AMERICAN;: A person having origins in the black racial groups of Africa.			
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.			
HISPANIC OR LATINO: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.			
WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.			
OTHER (please explain):			

Signature of Monitor/Sponsor Representative

Date

*Note: Based on OMB Notice, Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, published 10/30/97 and on FNS Instruction 113-8, Civil Rights Compliance and Enforcement in the SFSP, which is under revision.